

Pg 1 of 4 8/12/05

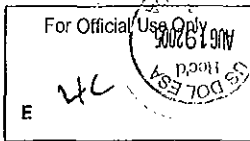
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-022-600</u> <u>1404B</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Fredrick P. Potter</u> P.O. Box, Bldg., Room No., if any Street <u>818 Fay Ct.</u> City <u>Pt. Pleasant</u> State <u>New Jersey</u> ZIP Code + 4 <u>08742</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No 469</u> Labor Organization File Number <u>022-600</u> P.O. Box, Building and Room Number, if any Street <u>3400 Hwy. 35 Suite 2</u> City <u>Hazlet</u> State <u>New Jersey</u> ZIP Code + 4 <u>07730</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05 732-899-1562
Date Telephone Number

Name of Person Filing Frederick P. Potter	File Number U- 022-600
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Prudential Investment Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street Three Gateway Center 19th Fl. City Newark State New Jersey ZIP Code + 4 07102	14.a. Nature of payment. Dinner/Lunch meetings to discuss portfolio (Funds)
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$642

Name of Person Filing Frederick P. Potter	File Number U- 022-060
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p style="text-align: center; font-size: 2em; transform: rotate(-45deg);">N/A</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Investment Performance Services</p> <p>Trade Name, if any: IPS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12 Penns Trail Suite 132</p> <p>City Newton</p> <p>State PA ZIP Code + 4 18940</p>	<p>14.a. Nature of payment.</p> <p>Dinner Meeting discuss Funds investments.</p>
<p>13.b. Is the Business an Employer or Consultant X ?</p>	<p>14.b. Amount of payment. \$40 to \$50</p>

Name of Person Filing <i>Frederick Potter</i>	File Number U- <i>022 - 610</i>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p>b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Kamisters Local 469 Welfare Fund</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <i>3400 Hwy 35 Suite 8</i></p> <p>City <i>Hazlet</i></p> <p>State <i>New Jersey</i> ZIP Code + 4 <i>07730</i></p>	<p>14.a. Nature of payment.</p> <p><i>Education Conference Reg + Expenses.</i> <i>Flowers off in sent while in Hosp.</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p><i>\$15,926.01</i></p>

Name of Person Filing

Frederick P. Potter

File Number U-

022-600

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Robert Bodor*

Trade Name, if any: *Staffeld Vantage Ins Group*

P.O. Box, Bldg., Room No., if any *P.O. Box 678*

Street *26 Columbia Turnpike*

City *Florham Park*

State *New Jersey*

ZIP Code + 4 *07932*

14.a. Nature of payment.

*Luncheon Meeting-Discuss
Benefit Plan*

14.b. Amount of payment.

45.00

13.b. Is the Business an Employer

or Consultant

X

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